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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/657,041
	Filing Date	9/5/2000
	First Named Inventor	Leonard Pinchuk et al.
	Art Unit	3731
	Examiner Name	Michael H. Thaler
Total Number of Pages in This Submission 6	Attorney Docket No.	BSI-430US8

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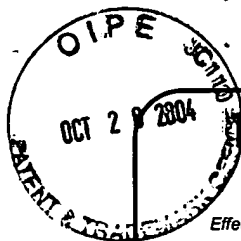
ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/Declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): 1 pg. credit card payment form
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SIGNATURE OF APPLICANT, ATTORNEY OR AGENT			
Firm or Individual	Jonathan H. Spadt	Registration No. (Attorney/Agent)	45,122
Signature			
Date	10/25/2004		

CERTIFICATE OF TRANSMISSION / MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this date: 10/25/2004			
Name (Print/Type)	Denise Morgan		
Signature		Date	10/25/2004

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PTO/SB/17 (10-04v2) (AW 10/2004)
Approved for use through 7/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

FEE TRANSMITTAL for FY 2005

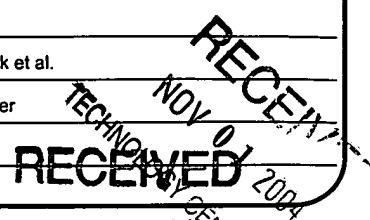
Effective 10/01/2004. Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 180

Complete if Known

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Filing Date 9/5/2000
First Named Inventor Leonard Pinchuk et al.
Examiner Name Michael H. Thaler
Art Unit 3731
Attorney Docket No. BSI-430US8



METHOD OF PAYMENT (check all that apply)				FEE CALCULATION (continued)			
<input type="checkbox"/> Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None				3. ADDITIONAL FEES			
<input checked="" type="checkbox"/> Deposit Account (use as backup only):				OFFICE OF PETITIONS			
Deposit Account Number: 18-0350				Fee Description			
Deposit Account Name: RatnerPrestia				Fee Paid			
The Director is authorized to: (check all that apply)							
<input type="checkbox"/> Charge fee(s) indicated below							
<input checked="" type="checkbox"/> Credit any overpayments							
<input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s)							
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.							
FEE CALCULATION							
1. BASIC FILING FEE							
Large Entity	Small Entity						
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description			
1001	790	2001	395	Utility filing fee			
1002	350	2002	175	Design filing fee			
1003	550	2003	275	Plant filing fee			
1004	790	2004	395	Reissue filing fee			
1005	160	2005	80	Provisional filing fee			
SUBTOTAL (1)				(\$) 0			
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE							
Total Claims	-20**	Extra Claims	Fee from below	Fee Paid			
Independent Claims	-3**	0	0	0			
Multiple Dependent		0	0	0			
Large Entity	Small Entity						
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description			
1202	18	2202	9	Claims in excess of 20			
1201	88	2201	44	Independent claims in excess of 3			
1203	300	2203	150	Multiple dependent claim, if not paid			
1204	88	2204	44	** Reissue independent claims over original patent			
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent			
SUBTOTAL (2)				(\$) 0			
**or number previously paid, if greater; For Reissues, see above							
				Other fee (specify)			
				*Reduced by Basic Filing Fee Paid			
				SUBTOTAL (3)			
				(\$) 180			

SUBMITTED BY		Complete (if applicable)			
Name (Print/Type)	Jonathan H. Spadt	Registration No. Attorney/Agent	45,122	Telephone	610-407-0700
Signature		Date	10/25/2004		

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